

CONTRACTOR				TO: (Major Air Command)			
Firewell Co. Inc 3685 Broadway Buffalo 25, N. Y.				SAC (DM8D) Offutt AFB, Nebr			
CONTRACT AF 33(600) 39203 EXHIBIT NO. 11				DATE OF CERTIFICATE 31 October 1960			
1. NAME OF CTSP (Last, First and MI)		2. AF UNIT		3. PERIOD OF CERTIFICATE (Inclusive dates)			
[REDACTED]		4080 Strat Wg (SAC)		1 Oct 60 THRU 31 Oct 60			
4. VACATION TIME (Inclusive dates)		5. SICK TIME (Inclusive dates)		6. CONTRACT HOLIDAYS		7. BILLABLE DAYS	
None THRU FOIAb3a THRU		None THRU THRU		One		31 30	
8. AUTHORIZED OVERTIME HOURS WORKED							
DATE	TIME AND 1/2	DOUBLE TIME	DATE	TIME AND 1/2	DOUBLE TIME	DATE	TIME AND 1/2
None							
9. DATES ON WHICH PREMIUM PAY SHIFTS WERE WORKED							
None							
10. TEMPORARY DUTY AWAY FROM HOME STATION (Enter hour and date of departure and return)							
DEPARTED		RETURNED		DEPARTED		RETURNED	
N/A							
11. AUTHORIZED TRAVEL PERFORMED BY COMMERCIAL CARRIER (Including Taxicab, etc.)							
INCLUSIVE DATES		FROM		TO		MODE	COST
N/A THRU							
THRU							
THRU							
12. AUTHORIZED PRIVATELY - OWNED CONVEYANCE TRAVEL (Except on-base mileage)							
INCLUSIVE DATES		FROM		TO		TOLLS	MILES
N/A THRU							
THRU							
THRU							
THRU							
13. AUTHORIZED ON-BASE MILEAGE BY PRIVATELY-OWNED CONVEYANCE:							
N/A				MILES			
14. GOVERNMENT TRANSPORTATION REQUESTS USED							
DATE ISSUED		ISSUING AGENCY		FROM		TO	
N/A							
15. GOVERNMENT QUARTERS WERE USED ON THE FOLLOWING DATES:							
N/A							

16. IF THIS IS THE INITIAL CERTIFICATE SUBMITTED FROM THIS AF UNIT, STATE DATE OF DEPARTURE: DATE OF DEPARTURE: N/A DEPARTED (Place) ON (Date)		
17. IF THIS IS THE FINAL CERTIFICATE SUBMITTED FROM THIS AF UNIT, STATE DATE OF DEPARTURE: N/A		
18. DEPARTED THE UNITED STATES FOR OVERSEAS DUTY FROM N/A (Port) ON (Date)		
19. ARRIVED THE UNITED STATES FROM OVERSEAS DUTY AT N/A (Port) ON (Date)		
20. NAME OF COUNTRY WHERE OVERSEAS DUTY WAS PERFORMED DURING THIS PERIOD (Unless prohibited for security reasons) N/A		
21. ADDITIONAL INFORMATION AND REMARKS: None		
22. CERTIFICATION: I certify that the information in Items 1 thru 21 above is true and correct to the best of my knowledge and belief. [Redacted] FOIAb3a (Signature of CTSP)		
23. CERTIFICATION: I certify that [Redacted] and belief, the services reported above were performed in a satisfactory manner, that all overtime and travel reported were authorized in advance by competent authority, and that appropriate written orders have been issued or requested, with the following exceptions:		
(If services were not satisfactory, complete written report has been prepared and forwarded)		
NAME [Redacted]	GRADE Lt Col	SIGNATURE (Manual signature is required) (Facsimile is not acceptable) [Redacted]
AFSN 35808A	ORGANIZATION 4080 SW (SAC)	
INSTRUCTIONS FOR PREPARATION:		
a. Items not applicable will be indicated by N/A.		
b. The period covered by a certificate will not include more than one calendar month. FOIAb3a		
c. ITEM 6. The number of contract holidays in the period will be entered regardless of whether they were work days. If they were work days, this will be shown in Item 8 as overtime even if contract does not provide for overtime premium pay. Reimbursement will be made for holiday work in accordance with applicable contract.		
d. ITEM 7. The number of billable days is the total number of days in the period, less vacation days, sick days, and contract holidays. (Authorized travel days will be included in this item)		
e. Entries in Items 8, 10, 11, 12, and 14, may be double-spaced or single spaced as required. If additional space is needed, Item 21 may be used.		
f. Month and year may be omitted when entering dates, except for date of certificate and Item 3. All other dates must be within the period covered by the certificate.		
g. ITEM 23. If services were not satisfactory, or if there is disagreement as to the services performed, the AF Supervisory Officer must explain in Item 23.		